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LEADING ARTICLES

WHAT THE PHYSICIAN WHO HAS NO X-RAY SHOULD KNOW ABOUT IT.

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CHICAGO, ILL.

Professor and Head of Department of Electro-therapy, Chicago College of Medicine and Surgery; Professor of High Frequency and Vibration, Illinois School of Electro-therapeutics; Attending Surgeon and Radio-therapist, Frances Willard Hospital, etc.: Author of "Practical X-Ray Therapy;" "Guide to Vibratory Technique," etc.

It is important that the physician who does not do his own surgery should at least know when to call the surgeon and be able to tell the probable outcome.

It is equally desirable that the doctor who has no X-ray outfit should know the diseases in which it has proved useful and the percentage of successful results.

It is not necessary that every physician should possess and use an X-ray outfit. To do so properly requires considerable study and experience and the X-ray is a dangerous force in unskilled hands.

It has, however, proved to be the best treatment known in some diseases, and in others too valuable not to be kept in mind and tried where other means fail; or used in conjunction with other measures.

The object then of this article is to give the probable results of the X-ray in those diseases most suited to its employment, so that the physician may know when to enlist the services of the X-ray and how to intelligently answer the first question which the patient will ask: "Will it cure?" The diagnostic value of the ray is well-known and is not considered in this paper, except that I cannot refrain from urging the importance of always having a radiograph taken in every case of dislocation or fracture, for the mutual protection and advantage of doctor and patient.

As the public is somewhat over-fearful of X-ray burns the doctor should also know what to answer concerning their frequency and danger.

The diseases in which the ray has proved of the greatest advantage are: acne, sycosis, epithelioma, cancer, sarcoma, alopecia areata, chronic eczema, favus, leukemia and pseudo-leukemia, goiter, keloid, lupus, psoriasis, trachoma and tuberculosis of glands, joints, testicle, etc.

In acne vulgaris (pimples) the percentage of cures is over 90 per cent, so that the ray is practically a specific in this disease.

In acne rosacea or red nose it is rather slow and successful in about 30 per cent of the cases.

All cases of alopecia due to parasites or fungi may be expected to yield to the ray.

In carcinoma only 20 to 30 per cent of cures are produced and in sarcoma still less (6 to 10 per cent), but even these low figures will compare favorably with operative results and by combining the X-ray with surgery a higher percentage of cures may be anticipated.

On the other hand, in epithelioma and rodent ulcer the ray accomplishes marvelous results (80 to 90 per cent of cures) when applied before the glands have become involved. In epithelioma of the lower lip, however, operation is advised first, followed by the X-ray. This is due to the fact that the glands very quickly become involved and once this occurs the chances of obtaining a cure are slight, no matter what method is employed.

The X-ray acts favorably in 90 per cent of the cases of chronic eczema, in the form occurring in indurated patches.

The relief is quick and positive and the ray should always be employed when drugs have failed, and if circumstances permit the two methods may be used at the same time, being perfectly compatible.

Psoriasis yields to the ray in 70 to 80 per cent of the cases, but relapses are frequent and the cure is not necessarily permanent.

In both eczema and psoriasis the high-frequency current should be used with the X-ray to get the best and quickest results.

In favus the cures will average 80 per cent.

Goiters are reduced in approximately one-half of the cases, but many of them tend to return.

All things considered the X-ray is the best treatment we have for keloid.

In both leukemia and pseudo-leukemia positive results are obtained in a majority of the cases, although late investigations would indicate that sooner or later the patient succumbs to the original disease. The results are so much better than those obtained by any other method that the ray should always be restored to.

Ninety per cent of the cases of sycosis (barber's itch) yield to the ray. Relapses are not uncommon but usually respond readily to additional treatments.

Cases of trachoma resisting ordinary treatment should be given the opportunity of having X-ray treatment. Almost all of them will yield to it.

In all forms of tuberculosis, the action of the Roentgen ray compares favorably with other methods, including surgery. The percentage of cures which may be anticipated being as follows:

Tuberculosis of the skin (lupus) 80 per cent.

Tuberculosis of the glands, 60 per cent.

Tuberculosis of the testicles 40 to 50 per cent.

Tuberculosis of the joints, 40 per cent.

Tuberculosis of the long and flat bones, 35 per cent.

Tuberculosis of the peritoneum, 40 per cent.

Tuberculosis of the tendon sheaths, 70 per cent.

As in the case of malignant disease, by combining surgery with the X-ray in selected cases, the results frequently are more successful than indicated above.

In all the diseases treated with the X-ray the individual ability of the operator is all-important and may cause his results to vary considerably from the figures given.

Regarding the frequency and danger of X-ray "burns" (dermatitis) it would seem that serious burns only occur on an average of about once in 5000 exposures.

In my personal experience I have given upwards of 30,000 X-ray treatments without producing a single serious burn.

The X-ray dermatitis or "burn" is purely and simply a condition produced by an overdosage of the ray and with our present knowledge it will seldom occur where the treatment is given by an experienced radiotherapist.

Mild reactions are necessary in many cases and should cause no alarm as they soon disappear.

In my "Practical X-ray Therapy" I give a number of other diseases in which the ray has been successfully used, but those quoted in this paper include the conditions where it has proved of the greatest advantage.

72 E. Madison street.

LITTLE STORIES OF PHYSICIAN AND PATIENT.

Pointed, Pithy, Pungent, Phunny, Pertinent Paragraphs Particularly Pertaining to Physician and Patient—Stories Seen, Gleaned, Humorous Odds and Ends from Various Sources, Eptomized, Adapted, Elaborated, Etc.

ALBERT HERRON MOODRICKER,

WABASH, IND.

(WRITTEN FOR THE MEDICAL FORTNIGHTLY.)

(Continned from page 304.)

Mentioning "something foreign," Dr. Henry M. Scudder, who traveled extensively in Asia and Africa, gave this comical example of Oriental justice, of which he was an eye witness: Four men, partners in business, bought some cotton bales. That the rats might not destroy the cotton, they purchased a cat. They agreed that each of the four should own a particular leg of the cat, and each adorned with beads and other ornaments the leg thus apportioned to him. The cat, by accident, injured one of its legs. The owner of that member wound about it a rag soaked in oil. The cat, going too near the fire, set the rag on fire and, being in great pain, rushed in among the cotton bales, where she was accustomed to hunt rats. The cotton thereby took fire and was burned up. It was a total loss. The three other partners brought an action to recover the value of the cotton against the fourth partner, who owned that particular leg of the cat. The judge examined the case and decided thus:

"The leg that had the oil rag on it was hurt; the cat could not use that leg; in fact, it held up that leg and ran with the other three legs. The three unhurt legs

therefore carried the fire to the cotton, and are alone culpable. The injured leg is not to be blamed. The three partners who owned the three legs with which the cat ran to the cotton will pay the whole value of the bales to the partner who was proprietor of the injured leg."

Continuing "something foreign," it may occur to many people that they have never seen a Chinaman bereft of an arm, leg or other member of his body. I understand that the reason for this is that all orientals maintain a profound objection to surgical operations. In truth, it is asserted, that they much prefer to die rather than to be derived of a member because as it is undeniable that they came into the world with two arms, two legs, eight fingers, two thumbs, etc., they must of necessity go out of it with the same number. Otherwise, once on the other side, they might be sent to hunt for a missing number and spend the greater part of eternity in finding it.

Perhaps the nearest approach to internal surgery that a Chinese doctor will attempt is to stand on the patient's body and with bare feet move about on the part afflicted. Quite heroic treatment, eh?

In dentistry the Chinese have reached the discovery that the nerve is a worm and the best method to treat an aching tooth is to loosen it by driving in wedges in order that the worm may escape.

Nevertheless, albeit this may be true with some of the Chinese, I understand also that Chinese dentists, as a rule, have great strength of arm, wrist and fingers, as most of the extraction is done with the fingers. If the patient wishes a wholesale extraction of teeth, the dentist will pull two without charge, and will then make a bargain as to the price of completing the job. The charge is "too laugh"— usually about two cents a tooth.

It being "quite in order," it is almost needless to state, that it gives one pleasure to state that the Japanese are decidededly further advanced in medical science than the Chinese. Kackichi Mitsakuri says that the first western knowledge introduced into Japanese empire was through a Dutch textbook of anatomy, whch came into the hands of a Japanese physician about the year 1771.

After years of study this physician and three of his friends published a good translaton of this book. It had taught them that their former teaching had been wrong. On looking first at the illustration in the book they dissected the body of a criminal in order to find out who was right, they or the teachings of the Dutch book. After the introduction of anatomy came chemistry, natural history, history, military tactics, etc. In 1868 the Imperial University was established.

Here are several quips anent the three D's—doctor, druggist and dentist; I give them in their entirety as originally appearing in the daily press, viz.:

A TEST CASE.

'I'm a 'beauty doctor,'" announced the stranger with the hand satchel full of cosmetics and massage machines." Do you think I could get any practice around here?"

"You make ugly things pretty, don't yeou?" drawled the old farmer in the speckled shirt."

"That's my business, sir."

"Waal, if yeou'll go down back of my barn yeou'll find an old slate covered cow with one eye and one horn and wrinkles like canals all over her face. She's the ugliest cow in seven states, and if yeou can make her pretty I'll agree that yeou be a 'beauty doctor' an' give yeou a dollar." Chicago News.

NOT FOR HIM.

"Six doses of this medicine," said the druggist, "will make another man of your husband."

"Mercy sakes," she replied, "I don't want it then. You must remember, sir, he is the father of my children."

AS WELL AS EVER.

"I hear that vaccination is getting into disrepute."

"That is a mistake, for it takes as well as ever."

IN CEREBRAL CASES.

A mustard plaster applied to the spine is sometimes considered quite a drawback.

A PROFIT, ANYHOW.

He was filling his first prescription, and when he handed it to the lady he told her it was a dollar and ten cents. She paid the dollar and ten, and, after she had gone he informed the proprietor that the dollar was a counterfeit. The proprietor looked over his glasses at the young man, and said:

"Well, how about the ten cents—is that good money?"

The young man answered in the affirmative.

"Oh, well," the proprietor replied, "that's not so bad—we still make a nickel."

Dr. Killwell (to wayward son)—My boy, you should try to profit by advice.

Son—I might, dad, if I got $5 a visit for giving it, as you do.

Man hollers all along the way,
With squirm and lusty shout;
He hollers when his teeth come in
And when his teeth come out.

"My hair is falling out," admitted the timid man in a drug store. "Can you recommend something to keep it in?"

"Certainly," replied the obliging clerk. "Get a box."—Lippincott's Magazine.

And, doctor, this isn't so bad: "Suppose, doctor, this operaton does not succeed."

"My dear fellow, if it doesn't you'll never know it."

Naturally, as one may infer, some decidedly odd answers in insurance applications have been made, and, abbreviating from the Southern Druggist, I glean the following:

Mother died in infancy.

Father went to bed feeling well, and the next morning woke up dead.

Grandfather died suddenly at the age of 103. Up to this time he bid fair to reach a ripe old age.

Applicant does not know anything about maternal posterity, except that they died at an advanced age.

An uncle died of cancer on his mother's side.

Applicant does not know cause of mother's death, but states that she fully recovered from her last illness.

Father died suddenly; nothing serious.

Grandfather died from gunshot wound, caused by an arrow, shot by an Indian.

Applicant has never been fatally sick.

Mother's last illness was caused from chronic rheumatism, but was cured of that disease before death.

Applicant's fraternal parents died when he was a child.

In conclusion to these "Little Stories of Physician and Patient," I will here give the following limerick with reference to "appendix vermiformis," as originally appearing in the American Journal of Clinical Medicine, and, as finale, utterly, the final utterances of some physicians. As to the limerick, here it is:

An appendix vermiformis once said:
"I can't seem to get through my head
Why seedlets of grape,
Finding my mouth agape,
Cause my owner to take to his bed.

"Or why, when I am inflamed,
I am not soothed as those otherwise named,
Do these rash operations
Increase reputations
Of surgeons already so famed?"

Now, as to the final utterances of physicians, the British Medical Journal relates that Nothnagel, who died alone in his room, noted his symptoms to the last. He is said to have left to his assistant a note as follows: "Written on the evening of July 6th just after experiencing these severe attacks . . . died of calcification of the arteries.

Traube also made observations upon himself to the very end. Locock wished it were possible for him to be present at the post-mortem examination on himself.

Dyce Davidson died immediately after saying to his class, speaking of the next meeting, which was never to take place: "Four o'clock on Monday, gentlemen; four o'clock." Astley Cooper said at the very end: "God bless you and good-by to you all," and adding "you must excuse me, but I shall take no more medicine." Brodie muttered: "After all God is very good." Hunter's mind seems to have been full of bright thoughts, for he said: 'If I could hold a pen what a book I could write. Darwin's last words were: "I am not the least afraid to die!"

If you want to find the spring of perpetual youth, go and dig in the sand with the children or hoe in the garden—then you will tap that spring and also find a gold mine.—Elbert Hubbard.

A rational principle is that tuberculosis of the urinary tract moves not proximalward against the urinal stream, but accompanies it distalward. Tuberculosis begins in the kidney.—Byron Robinson.

State Medical Examiners.—Every county in the State of Maine now has at least one medical examiner. The law authorizing their appointment was passed by the legislature last winter. The duties are as follows: Whenever a medical examiner is notified by the attorney-general, county attorney for his county or coroner for his county that any person has come to his death by violence, and that an autospy is necessary, he shall immediately make a complete autopsy in the presence of the coroner who has the body in charge. The coroner and the medical examiner, if they deem it necessary, may summon one local physician as an assistant and witness, who shall also act as clerk and make a full and complete record of all the facts and circumstances tending to show the condition of the body and all vital organs and the cause and manner of death, which record shall be signed by the medical examiner and the assistant and delivered to the coroner.

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EDITORIAL

The Mississippi Valley Medical Association.

The thirty-fifth meeting of the Mississippi Valley Medical Association, which is to convene in St. Louis, October 12, 13 and 14 next, gives promise of being an exceptional event in both scientific and medico-social ways. Preparations are being made by the St. Louis committees, under the direction of Dr. Louis H. Behrens, for a considerably larger attendance than the society has before had, and an increase in membership of decided character is expected. This association has always largely limited its attention to scientific rather than political and other phases of medicine and, while it is so conducted, it is in no sense in competition with other bodies, its membership might well be tremendously increased and that to the scientific betterment of the profession, and to no disadvantage to other organizations.

The programs which will be presented are exceptional in their excellence. The orations in medicine and surgery have always been a distinct feature of the meetings of this association; the choice of men who shall present these important addresses this year bears out the association's reputation; Dr. Sherman G. Bonney, of Denver, will deliver the oration in Medicine, and Dr. John B. Deaver, of Philadelphia, that in Surgery. The joint session of the two sections which proved such a success at the Louisville meeting will be repeated at St. Louis, and one morning will devoted to such a session at which a symposium on Exophthalmic Goitre will be presented and the subject considered in all its phases, the discussion being introduced by four papers by authorities who have done special investigation on the subject. The parathyroid glands will naturally occupy somewhat of the attention of the association at the same meeting, a fifth paper thereon having been assured.

This meeting follows the Centennial week of St. Louis and the local committees are finding it possible to have numerous of the attractions of that week continued for the benefit of the association. While it is not purposed that the social shall interfere with the scientific, there has been prepared a scheme of entertainment which will be up to St. Louis' high standard of hospitality. Especial effort will be made to make the entertainment of wives, daughters and other ladies accompanying members complete, so that they may be pleasantly occupied while members are busied with scientific work. It is hoped that they may come in considerable number, and come with the assurance that their coming is desired.

The sessions, offices and exhibit hall of the association will be held in the Southern Hotel, which has been chosen as headquarters. The Southern can entertain the whole membership if reservations are made sufficiently in advance; the hotel is easily one of the best and most capacious in the country, and it is hoped that it may be the selection of the members. For those who prefer to stop elsewhere the Planters, American, Laclede and Maryland will be found very convenient to the place of meeting.

The usual excursion rates will be allowed by roads leading to St. Louis, and while the rate has not yet been announced, as soon as it shall be definitely determined its announcement will appear in the Fortnightly.

The editor of the Fortnightly will be pleased to be of assistance to physicians wishing to make hotel reservation at the Southern or elsewhere and in any other way which may suggest itself.

Uncinariasis.

The territorial extension of our country has led our profession to a personal interest in various of the tropical diseases, diseases in which we had little concern until we found them brought to our door and even within it. With the growth of interest in the study of this class of diseases has come the realization that some of them existed unrecognized in certain sections of the states even before we were interested in Panama and the Philippines, and still exist there. Dr. J. J. F. Siler (U.S.A.) in a recent and comprehensive paper* gives some surprising in-

*Post-Graduate, May, 1909.

formation as to the prevalence of uncinariasis in the South.

This disease is common to all tropical and sub-tropical countries and has been found to exist to a large extent in our own Southern States. Of a number of recruits enlisted from the South, examined at Fort Slocum, New York, more than 80 per cent were found to harbor the parasite. The American hook-worm (necator Americana) was first discovered by Stiles in 1902. Its normal habitat is the small intestine. The female produces a ceaseless stream of eggs which pass out with the feces and are developed, if deposited under favorable conditions, in damp earth or muddy water. Infection takes place in one of two ways: 1. By transference to the alimentary canal in drinking water or from dirt clinging to the hands, food or dishes, of farmers, miners or other workers in earth. 2. The second mode of infection is through the skin, and it is now believed that this is the more common route. The most common symptom of the disease is progressive anemia. Microscopical examination of feces for the ova should be relied upon for diagnosis. The treatment is simple and effective. Thymol, beta-naphthol, or male fern, is used to expel the worms. Blaud's pills when tonics are required. It is believed that the institution, in the affected areas, of prophylactic and hygienic measures would eradicate the disease in a few years. Among these measures to be adopted would be: education of the general public as to the great prevalence of this disease, its general symptoms, the sources of infection, and the economic importance of eradicating it; a general examination of all inhabitants infected sections, and administration of thymol to cure those infected; the wearing of shoes by all persons in infected areas; and of more importance than all other measures, the prevention of soil pollution. This task must be undertaken by State boards of health to be effective.

Dr. S. Grover Burnett, of Kansas City, one of the collaborators of the Medical Fortnightly, is spending his vacation at the Marlborough-Blenheim, Atlantic City, N. J.

A scientist who has investigated the matter states that the men who are employed in the Paris sewers are as healthy as the average person, and no other 800 men in that city are so free from zymotic diseases.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Duodenal Ulcer and Its Treatment.—Einhorn (the Am. Jour. of the Med. Sci., August, 1909) details six cases of duodenal ulcer. In all of them a marked hyperchlorhydria was present. In two cases there also was a slight continuous hypersecretion of gastric juice. Slight peristaltic restlessness was found in only one case. Pains are generally present two or three hours after meals, and are alleviated by the ingestion of food ("hunger pain"). In nearly all the patient's periods of suffering alternate with periods of perfect euphoria. Hemorrhages (hematemesis or melena) were found in two cases. Usually constipation is present, but a tendency to diarrhea was found in two. Pain on pressure was absent in nearly all the cases. Diagnosis.—The symptoms just enumerated (except hemorrhages) are all caused by hyperchlorhydria and frequently occur without the presence of duodenal ulcer. If, however, in association with the above symptoms hemorrhages in the digestive tract occur, the diagnosis of duodenal ulcer is justified—for the real gastric ulcers generally act differently: pains immediately after meals, pressure pains in the epigastrium, etc. The diagnosis appears to become more positive if the thread test shows a distinct blood spot at a distance of 58 to 66 cm. from the teeth. Treatment should at first be medical. In the mild cases regulation of the diet (frequent meals, abstention from highly seasoned substances, acids and too fatty foods), improving the general condition by means of iron, arsenic cold sponging, good air, avoidance of bodily exercise, and the use of alkalies are sufficient to effect a considerable amelioration, if not a cure. In several cases olive oil (two tablespoonsful morning and evening) seemed to be of service. In graver cases of duodenal ulcer (hemorrhages, severe pain, etc.) a strict ulcer cure with rest in bed and rectal alimentation, and afterward fluid diet, must be instituted. In these cases large doses of magnesia and bismuth are of benefit; calcined magnesia, 0.5 bismuth subnitrate 2 gm. powders—one powder three times a day, a half hour before meals. If a strict rest cure has been unsuccessful, or if we have to deal with severe hemorrhages endangering life, and retruning frequently, or if obstinate spasm of the pylor-

us occurs, associated with severe pains in the pyloric region and slight peristaltic restlessness of the stomach, an operation (usually gastroenterostomy) is indicated. In duodenal ulcer the clinician must advise surgical treatment sooner than in gastric ulcer, as the former, through its complications (hemorrhages, perforations, stenosis of the pylorus) endangers life much more readily than the latter. Gastro-enterostomy in these cases is fortunately attended with good results. The ucler will then soon heal, as the gastric juice does not longer flow over the ulcerated surface in the duodenum or irritate it. At all events, the dangers of hemorrhage, perforation and pyloric stenosis are thereby prevented.

Relative Aortic Imcompetency of Muscular Origin.—J. M. Anders (Bull. Johns Hopkins Hospital, July, 1909) classifies relative aortic insufficiency of muscular origin into the following well-defined divisions: 1 Cases of muscular and nervous origin that supervene in the course of fibrous myocarditis and other less serious conditions of the myocardium, independently of valvulitis or advanced organic changes in the aorta. 2. Cases secondary to chronic valvulitis affecting the mitral segments with failure of the left ventricle. 3. Cases occurring in the course of or following acute infective diseases due to the action of toxins on the myocardium. Cases of purely nervous origin may also occasionally be encountered. The author emphasizes the fact that functional aortic incompetency resulting from a dilated left ventricle is not sufficiently recognized.

The Colon Tube and the High Enema.—Soper (Jour. A. M. A., August 7, 1909) whose article is illustrated by a number of skiagrams, mantains that it is only in those rare cases of abnormal development of the sigmoid that it is possible to introduce a soft rubber tube higher than six or seven inches in the rectum without it bending or coiling on itself. With the aid of the sigmoidoscope only the middle of the sigmoid can be reached. The practice of allowing liquids to flow through simultaneously with the introduction of the tube serves to smooth out the kinks and adds to the illusion that the tube is going higher. The short tube, 6 inches in length, is therefore best for all sorts of enemata, when water, etc., is introduced for the purpose of causing fecal evacuations, using the fountain syringe or funnel and long tube in the usual way. It is possible, as the writer has frequently demonstrated, to thorouhgly cleanse the entire colon by using a large caliber (½ inch) short tube. This is connected by rubber tubing with a large funnel elevated from 3 to 4 feet above the patient, pouring the solution until he experiences a feeling of distention or a desire to evacuate, then lowering the funnel until the outflow has ceased, repeating this maneuver in exactly the same manner as in gastric lavage. The short tube is also best when retention of fluid is desired, as in administering saline solution, oil, nutrient material, etc. The attempt to pass the tube higher into the bowels is not only unnecessary, but because of the coiling that inevitably occurs, such manipulation tends to produce irritability of the bowel. This, of course, will very probably cause expulsion of the fluid.

Quanitative Determination of Pepsin.—Illoway (Am. Jour. of the Med. Sce., August, 1909) further emphasizes the advantages of the method devised by him claiming that it is simple and eminently practical. That from the simplicity and exactness of its preliminaries it is well adapted for comparative study. That it is directly demonstrative, in that the examiner has a direct ocular demonstration, as it were, of the digestive capacity of a given gastric juice, and can thus at once, without any long mathematical calculations, which not infrequently have only a fictitious basis, determine whether in the case under examination there is: Hyperpepsinia; requiring only three to four hours for digestion not necessarily in a pathological sense, only to indicate a secretion of pepsin greater than usual, which may, however, be normal for that case. Normal pepsinia: requiring only five to five and one-half hours (the normal period) for digestion. Hypopepsinia: requiring more than the normal time for digestion (deficiency in the pepsin secretion). Apepsinia: no digestion at all (total absence of pepsin and pepsinogen). The test is performed as follows: Ten antigrams of egg albumen is coagulated in the following manner: The egg is put into a pot of cold water, which is then covered with a lid and set to cook. It is allowed to cook for ten minutes after the water has begun to boil—in all twenty minutes from the time it was put on. The egg is then taken out and allowed to cool, either by just setting it out in a saucer or by putting it into cold water. The coagulated albumen is cut into two parts, thereby facilitating the action of the contents to be tested and placed into a tube containing 10 c.c. of the gastric filtrate from the stomach contents extracted one hour after an Ewald-

Boas test breakfast and then placed in the thermostate at a temperature of 38 deg. C. The time in which the 10 centigrames is digested entirely, partially, or not at all, will give a correct idea as to the status of the pepsin secretion in the case under examination.

Multiple Aneurisms of the Aortic Arch and Thoracic Aorta.—Jones and Benians (Lancet, London, July, 1909) report in detail a unique case of multiple aneurisms of which the interesting features are: 1. The absence of any of the usual determining circumstances of aortic aneurisms, viz., syphilis, alcohol, hard work, etc., or any evidence of a long-sustained high blood pressure. 2. The extraordinary tendency for clotting and attempts at spontaneous cure. Even when rupture took place and oozing commenced this stopped for a few days, a large clot forming, until the final more extensive rupture proved immediately fatal. 3. The old history of hemoptysis, evidently one of the dilations (probably that of the descending arch) ulcerating in the trachea two years previously. The ulceration on the trachea was seen post-mortem, and although old tubercle was present at the left apex, no extensive tuberculous process had involved the lung, making it practically certain that the large sudden hemoptysis was of aneurismal origin. 4. The spontaneous cure of the aneurism of the right side with cessation of symptoms followed two years later by it again becoming patent after the appearance of the larger and more rapidly growing dilatation of the left side. 5. The multiplicity of the dilatations.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Method of Diagnosis in Surgical Diseases of the Kidney Accompanied by Pyuria.—In a paper with this title, in the Iowa Medical Journal of May 15, 1909, Dr. Lewis Wine Bremerman classifies the surgical diseases of the kidney which are accompanied by pyuria as: 1. Pyeltis (a) catarrhal and (b) purulent. 2. Pyonephrosis. 3. Suppurative nephritis. 4. Pyelonephritis. He dwells upon the causes and symptoms of these conditions, gives the methods, manual, instrumental, etc., of making the diagnosis of each, and in conclusion summarizes his remarks by saying that in a case of pyuria the source and nature of the lesion should be determined by all of the methods outlined, namely: First. A general and physical examination. Second. Examination of the urine chemically, microscopically, and in relation to the functional activity. Third. Cystoscopy. Fourth. Ureteral catheterization. Fifth. Radiography. Urinary analysis is of vast importance. By a careful study of the epithelial elements, together with pus, blood and casts, it is easy to determine the nature and extent of the lesions, as well as the source. Ureteral catheterization will exactly locate the lesion in one or both kidneys, and will determine if one is diseased and whether the opposite organ is present and healthy. It is also important in studying the functional activity of the kidneys. Even if a diagnostician has reached a definite conclusion as to the source and cause of the pathological lesion of the kidney, he should never recommend a radical operation until he has thoroughly convinced himself of the power of the healthy kidney to carry on its normal functional process. If he overlooks this fact, he will find that many of his cases will have a fatal ending, due to complete suppression of urine.

Prostatectomy : The Perineal Route.—In Southern Medicine and Surgery, Dr. J. W. Handly says that both the perineal and the suprapubic methods of prostatectomy are thorough and usually successful, and that at times it is necessary to combine the two for best results. The suprapubic method is preferred by some, because of its easy approach and requiring little dissection. The author, himself, has for several years preferred the perineal route, for while it may require deeper and more extensive dissection, be attended with more hemorrhage and possibly require greater time to perform, it affords better opportunites for more accurate work, since you can have the field of operation more clearly before you. The drainage is better, leaving less chance for pockets for collecting ammoniacal urine with its consequent results, pus and necrosis, and a more thorough enucleation can be accomplished; in fact, complete removal of the gland in its entirety, while with the suprapubic method working from behind forward, that portion nearest the apex, may be left, especially if the structures are soft and fragile, affording an obstruction to the outflow of urine. According to Dr. Keyes, convalescence is far shorter and more comfortable in perineal prostatectomy than in suprapubic. Early operators show far greater mortality in prostatectomy than later ones, due to lack of perfect technique in many instances, but probably more often in cases of faulty diagnosis. Cancer of the

prostate is a not uncommon occurrence; its prognosis most unfavorable. Dr. Keyes gives his early mortality from 1890 to 1894, in suprapubic prostatectomy, 22 cases, at 41⅔ per cent; perineal, at 25 per cent; 1895 to 1900, 20 per cent in all cases. Present day operators give a percentage ranging from 2 to 11 3-10 per cent. Imperfect statistics give about 25 per cent of restoration of function, but the author is inclined to think the percentage is nearer 10 per cent. Half erections and nocturnal emissions occur at intervals, but few complete erections.

Practical Notes on Vesical Tumors.—Dr. Frank G. Lydston's contribution on vesical tumors to the St. Louis Medical Review points out the importance of an early diagnosis, the urgency of early operation, and the necessity of reliance, to a great extent, upon clinical experience rather than upon the microscope for a diagnosis. In the absence of other more or less positive explanations, prolonged pyuria of vesical origin is likely to mean stone, tumor or tuberculosis. An early diagnosis is important in all of these conditions. By an early diagnosis of these bladder changes an ascending infection may be prevented, and valuable lives thereby saved, to say nothing of the relief of physical suffering. More important still is the fact that an early diagnosis of bladder tumor, followed by immediate operation, may forestall the transition of a non-malignant into a malignant neoplasm. There is usually no method of determining positively in a given case the precise character of the tumor before removal, and inasmuch as there are absolutely no contraindications for operations in early cases the author considers the discovery of a tumor of the bladder, however insignificant it may seem, a warrant for immediate operation. Obviously, the cystoscope affords the only means of diagnosis prior to operation. Where the vesical neoplasm is extensive or absolutely typic in its microscopic appearances, cystoscopy will sometimes enable one to decide the question of malignancy before operation, and in by far the majority of cases operation, followed by a careful microscopic study of the specimen, is our only recourse. It is possible to remove a portion of the tumor by means of the operating cystoscope, but the small fragment of tissue removed is not fair criterion of the character of the tumor, and in case the microscopic report should be negative, as regards maligancy, unwarrantable delay in operating might be the result.

Practical Formula for Gonorrhea.—Dr. T. G. Vawdrey contributes to Medical Council for March, 1909, a formula for an inexpensive mixture which, he says, will be found to answer just as well as the new-fangled and expensive preparations advertised in drug lists and prescribed by non-dispensing physicians. If cheapness were its only recommendation, however, it would be dear at any price, but that is the least of its advantages. It is a combination of proved efficacy, and those who may give it a trial will not be disappointed with the result obtained. The following is his method and formula: Prohibition of alcoholic beverages is essential under any course of treatment. The diet should be sparing. The less animal food taken the better it will be for the patient for the first week or two. When the discharge is profuse and the smarting severe, as it is during the first fortnight, there is nothing better than a saline aperient, consisting of sulphate of magnesia and antimonial wine in pepperiment water, taken three or four times a day. When the acute inflammatory symptoms have subsided the time for the administration of more specific remedies has arrived. Of these there is still nothing better than the old-fashioned balsam of copaiba. The taste is not exactly enticing, and the smell leaves much to be desired, but it touches the spot. It is best administered in the following manner:

Copaiba..... 30 minims.
Solution of potash..... 12 minims.
Cinnamon water to 1 fl. ounce.

The copaiba is emulsified by shaking it vigorously in a bottle with the solution of potash diluted with an equal volume of water. The dose is from half an ounce to an ounce, and as a rule it is better to begin with the smaller quantity. This would represent 15 minims of copaiba. In place of cinnamon water the doctor uses cassia water, which is about one-seventh the price and just as useful for the purpose.

Syphilitic Prophylaxis by the use of Calomel Ointment; Report of a case.—It will be remembered that in 1906 Metchnikoff and Roux announced that they had found, in calomel ointment, what they felt sure was a prophylactic against syphilitic infection, and this case would appear to confirm their claim, although the author, Dr. Abr. L. Wolbarst, of New York, disclaims any such intention (N. Y. Med. Rec). He says: "Of course this report is intended as a simple contribution to the interesting and useful subject of prophylaxis, not as a confirmation of Metchnikoff and Roux's ex-

perimental work, though it might be considered as such." The conditions under which the experiment was made were as nearly ideal as possible, but the author does not think the result altogether convincing. The case, in short, was as follows: Two men, A and B, spent the night of May 1, with a woman, each copulating with her several times. In the morning she confessed that she was suffering from active syphilis. Whereupon A, with rare good sense, posted, hot-foot, to Dr. Wolbarst's office, routed him out of bed at 5 a.m., and begged him to protect him from the effects of possible infection. B went off on a business trip. The doctor gave A 30 grams of calomel ointment (30 per cent strength in lanolin), to be rubbed in for five minutes, every four hours, wherever there was any possibility of inoculation, until it was all used up. The first application was made on the spot within six hours after the first exposure. To confirm the diagnosis the woman was examined. The labia majora were covered with isolated and coalescing papules, around the anus was a group of condylomata, and on the tongue and buccal membrane were specific ulcerations. So the chances for infection were certanly good. The result of the treatment we give in the author's own words: "For three weeks A reported to me every other day, with negative result. On June 3 (32 days after exposure) he brought with him his friend B, who had just returned from the road. B exhibited a typical indurated chancre on the coronal sulcus, which was followed in a few weeks by an unmistakable papular eruption, which, together with the primary lesion, soon disappeared under mercurial treatment. A has visited me at least twice every week throughout this period of more than four months, and he is apparently as free from syphilis as he ever was." We have here these ideal conditions: Simultaneous and repeated exposure by two young men, to the same syphilitic virus. One man receives prophylactic treatment six hours after exposure and escapes the disease; the other is not treated, and develops typical lesions which in due time respond to antisyphilitic measures, thus acting as a control to the first. Question 1. Would A have been infected as B was if the ointment had not been used? Question 2. Would A have been infected if the ointment had been used twenty-four hours after exposure?

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MEDICO-LEGAL.

E. S. McKEE, M. D.

Regulation of Prostitution. — Frederick Clift, M.D., of Provo, Utah, in a paper on the Social Evil, published in the Denver Medical Times for August, 1909, discusses the question of regulation as follows: He found that the system of regulation had been thoroughly tried in Europe and in many American cities. Everywhere it has been tried there has been a marked decrease in sexual diseases, not only among sinners, but of still greater importance, among their victims. The chief objection of religionists to regulation is that it recognizes and affords security for debauchery. Those who support regulation or license claim that all diseases of a contagious nature, regardless of causation, are a menace to the health of the people at large and should, therefore be brought under the regulation of quarantine. To those who know, such as physicians, how much damnation is being stored up in this world for the innocent, whether religionist, infidel, atheist or agnostic, there is much to be said for this contention; but the arguments pro and con would extend beyond the limits of this paper. Suffice it to say, once confined to certain districts, under efficient police restraint, the prostitute can primarily be restricted from her worst effect upon the community, that of corrupting the youth of both sexes. In view of the known and positive dangers to which the innocent are exposed, I urge the religionists or moralists and the sanitarian to make peace and come together. Let them agree to some plan for the betterment of our fellow-citizens and neighbors, of our sons and daughters, our own flesh and blood.

The Inconvenience of Death Pecuniarly Considered. - A Mr. Burke was sent to Cork to consult a medical man while in his office showed such marked signs of uremia that he was sent to Miss O'Tool's private hospital, where for three days his condition was extremely precarious, and he died on the fourth day. The executors objected to pay the medical expenses of the case unless they were proceeded against. The county courts gave judgment for the three plaintiffs, medical attendant, chemist and proprietress of the private hospital. An interesting point passed on was whether a private hospital is entitled to charge for the inconvenience resulting from the death of a patient residing therein. Apparently his honor thought so from his allowing the nurse's claim. Doubtless many private

hospitals would not welcome a death at this price.

A Death Under Stovaine.—Patient, aged 72, a house painter, suffering from enlarged prostate and its complications had also a degenerate heart and diseased lungs. The use of both chloroform and ether were contraindicated as general anesthetics and stovaine was chosen as the safest of known local anesthetics. We cannot presume any agent which will absolutely abolish pain to be absolutely safe. Experience shows that patients who bear general anesthetics badly, the aged and alcoholic, usually bear stovaine well, and the absence of shock, even after serious operation has been remarkable. In view of the infrequentcy of ill-effects after stovaine the present regrettable result may fairly be taken as an exception which proves the rule. It is the rule in operating under local anesthesia that the field of operation must be screened from the patient, and customary to distract the patient's mind from the operation by engaging him in conversation. A drawback to the method, especially in the presence of heart weakness is that the head must be kept raised in order to protect the medulla and its nerves from the influence of the drug. Fright as a factor in deaths from operations recalls the fact that in the first case selected for the administration of chloroform in the Royal Infirmary in Edinburgh the patient died on the table immediately after the first incision. It is fortunate for the future of chloroform that the unavoidable absence of Simpson prevented the administration of the anesthetic.

Legal Inquiry in Death Following Operation.—Probably the first legal inquiry of this kind in Scotland occurred in Aberdeen in February last. The facts in the case are that a child who had just been operated on in the Royal Infirmary after the administration of the anesthetic had ceased, though still under its influence, became sick, and died from asphyxiation being unable to vomit up some solid matter with which his stomach was charged. The testimony was that the proper instructions had been given as to food before the operation, but the mother said that she had received no special instructions as to his feeding, and that the boy's dinner, which he received two hours before the operation, had consisted of beef. She further stated that the nurse did not ask her what food the boy had taken that day, neither did the house surgeon or the surgeon. The surgeons stated in their evidence that they did not inquire as to what food the child had taken. The house surgeon testified that he administered the anesthetic, A.C.E., the child, took it well. The operation was quite simple, lasting about eight or ten minutes and was very successful. About four minutes after the cessation of the administration of the anesthetic the doctor noticed that the child was doing badly, showing signs as if he would vomit. Restoratives were applied and he recovered. This occurred a second and a third time, and artificial respiration was resorted to, and the boy's throat cleared out. Eventually, however, the symptoms of asphyxia were so marked that the operation of tracheotomy was performed and the boy vomited solid beef, and the surgeon took solid beef from his throat and from below the wound. The court in addressing the jury said that this was a case different from the usual class of cases in connection with the inquiries under the Fatal Inquiry Act. There was no fatal accident in the case, and the reason why the inquiry was held was that the Lord Advocate may order an inquiry into any case where death has occurred under circumstances into which he thinks it necessary that there should be some investigation. Having reviewed the evidence the court concluded: There has been nothing disclosed which in any way reflects on the management of the infirmary. It is essential, of course, that an institution of this kind within whose walls a great and noble work is being performed, should carry with it the confidence of the public at large, and I can only desire to say that there has been nothing in this case suggestive that there was any carelessness in the way in which the operation was performed, or that reflected on the management of the infirmary in any way. This decision is especially grateful to our British confreres, in view of the stand taken by one of the coroners of London on holding inquests on deaths following operations.

To Suppress the Opium Evil.—The State Department has requested all the countries which participated in the conference of the International Opium Commission, at Shanghai, China, last February, to send delegates to a second conference, which is to be held at The Hague in the near future. This second conference will be devoted to a discussion of means for the international control of the production, manufacture, and traffic in opium, with a view to the complete suppression of the use of opium except for medicinal purposes. The hope is expressed by the State Department that the conference will also

take up the question of cocaine and other narcotic and habit forming drugs. Legislation is being prepared by Mr. Hamilton Wright, one of the American delegates to the conference at Shanghai, for submission to congress, which, if enacted, will place the manufacture and interstate traffic in all habit forming drugs under the supervision of the Bureau of Internal Revenue.

SURGERY.

C. W. HEPBURN, M. D.

Some Points in the Diagnosis and Operative Treatment of Simple Fracture.—In New York State Journal of Medicine for May, 1909, Dr. Lewis A. Stimson advocates the more general use of methodical search for pain, with a correlative reduction in reliance upon crepitus and abnormal mobility, in the diagnosis of obscure or doubtful cases of simple fracture. His remarks on the operative treatment he summarizes as follows: Early operation in simple fracture is to be credited, if successful, with an exact readjustment of the fragments, and this readjustment, if maintained, protects the patient against certain irregularities in the outline of the reunited bone, and against such failures of union as might otherwise result from inability to make sufficient reduction. The importance of these advantages is not great: the irregularities of outline are, in the great majority of properly treatment cases, functionally and cosmetically unimportant; and failure of union is not only rare, but in the majority of cases in which it occurs, it is due to general causes, and in only a small minority to those local causes which operation can remove. On the other side of the account is the fact that, for the maintenance of this adjustment, the surgeon must depend upon the usual dressings, whose alleged in adequacy is given as a reason for the operation, or he must use the untrustworthy suture or other mechanical means, and all of these involve the risk of suppuration and delay in, or failure of union through causes inherent in themselves. And also the other fact, that the function of the neighboring joint may be diminished or lost through the implication of its muscles in the operation and its repair. Applying the old criteria of promptness, safety, and efficiency, it appears, then, that operation is less prompt in its results, less safe, and more efficient, only in a very small number of cases, and should therefore be reserved for those cases in which its need is clearly evident. A conclusion which, in the interest of our patients and of our art, the author hopes may be generally accepted.

Acute Dilatation of the Stomach.—In Surgery, Gynecology and Obstetrics for May, 1909, Dr. Beverly MacMonagle says that the different titles under which many writers have reported cases and given their views of the cause and pathology of acute dilatation of the stomach show that we are not yet in a position to have a clear and definite title given to the subject that will bear out the etiology and pathology of the condition. The subject is still so obscure that he thinks all the cases that can be reported are of value in helping those who are trying to come to some definite conclusion. Hence he reports six cases: In No. 1 the dilatation supervened in an attack of acute alcoholic gastritis, in others it followed abdominal operations. Cases Nos. 1, 4 and 5 died. The author remarks that acute dilatation of the stomach after surgical operations is certainly a serious matter in view of the number of fatal cases. So little is definitely known of the cause of the condition that prevention cannot be very successfully carried out. General anesthesia has been given as a cause, and a few more cases have occurred after chloroform than after ether. However, ether has been the anesthetic in all the author's cases. He is not aware of any cases having followed spinal anesthesia or the infiltration method. Very careful preparation of the patient, and having the alimentary canal empty, seems to favor prolapse of the small bowel into the pelvis, which at once puts a strain on and draws the mesentery down and its vessels and nerves taut. This, of course, should be avoided if possible. The condition seems to have been more frequent in women than in men, and to have occurred more frequently from the 20th to the 50th year. However, we have cases reported in children and in those past 50. It has occurred after operations on many parts of the body, but probably abdominal and joint operations have developed the greatest number of cases. Pneumonia, typhoid, spinal diseases and deformities, wasting diseases and errors of diet, etc., have all been accompanied by acute dilatation of the stomach. Therefore, we cannot consider abdominal section as having a monopoly of such complications. Very careful watching for this complication, trying position and possibly strychnin and physostigmin, and, as a last resort, opening the stomach, washing and keeping the stomach empty and clean, has cured cases and possibly if tried early in

the course of the condition may prove more fruitful in cures.

What to Teach the General Practitioner Concerning the Treatment of Abortion and Miscarriage.—This is the title of a paper read by Dr. Fred J. Taussig before the American Gynecological Society and published in Surgery, Gynecology and Obstetrics for May, 1909. The inspiration of the article is found in the number of women who present themselves to the gynecologist for operative treatment who date the onset of their troubles from an abortion or miscarriage that has, in many instances, been mismanaged. The gynecologist gets to see but a small percentage of these cases; the general practitioner is the one most frequently called upon to attend abortions. The latter's mistakes are due to the ambiguity and insufficiency of the teaching of text-books and lecture-room. He is clearly in need of better instruction and the author discusses the method by which this can be accomplished. The remedy can, he believes, be found in devoting more time in our schools and more space in our textbooks to instruction on these matters, and above all in preparing a simple, readily comprehensible, outline of treatment, to which the practitioner can refer in an emergency for guidance. As a result of reviewing and tabulating the views of eminent authorities, at home and abroad, he formulates the following rules which are not intended to apply to the trained specialist, but to the relatively untrained practitioner: "1. The more limited your experience and technical ability, the oftener should you employ merely rest or the tampon in place of instrumental interference. The dull curette and ovum forceps are liable to cause perforation of the uterus in the hands of the inexperienced. Try rather, as occasion offers, to train the finger to do the necessary manual extraction. 2. If surroundings are such that complete asepsis is impossible, do only what is unavoidable in the way of operative treatment. In country practice where it is impossible to make daily visits and a severe hemorrhage may occur, do not rely on the tampon, but hasten the emptying of the uterus by operative measures. 3. In progressive inevitable abortion, do nothing unless complications occur. In a certain percentage of cases the uterus is entirely emptied spontaneously. Do not interfere in any way unless there is evidence of retention of the ovum for longer than twelve hours. 4. In case of hemorrhage or retained placenta it is better first to see whether a uterine and vaginal tampon will not suffice to empty the uterus. This may be tried for two successive days. 5. In septic abortion with retained material, empty the uterus promptly and with the least possible disturbance. Here ovum forceps and dull curette are preferable to digital removal. An empty septic uterus may be washed out or brushed out, as they do in France, but never curetted." The remaining three variable factors, duration of pregnancy, stage of abortion, and cervical dilatation are considered in a table which, unfortunately, because of its size, cannot be reproduced here.

Intestinal Obstruction.—In his paper on bowel obstruction in the California State Journal of Medicine for May, 1909, Dr. Chas. G. Levison says the mortality attending operations for the relief of this condition has remained unchanged for the past 20 years. Elsberg is quoted as stating, in January, 1908, that in the hands of different operators the death rate ranges between 50 and 70 per cent. This high percentage is due largely to the fact that patients are referred for operation only after all of the remedial measures have been exhausted and have become toxic by the delay. The successful outcome in the treatment of bowel obstruction will depend to a great extent upon early diagnosis. The question as to whether an enterostomy of a distended loop should be established without searching for the obstruction, or whether the obstruction should be sought for, is one which is far from having been determined. The author in concluding states his position in the treatment of acute intestinal obstruction, based upon an experience with a large number of cases treated by the various methods in use, and emphasizes the fact that the cases which he has treated with the most success are those which have been operated upon early and where he has not hesitated to explore the abdomen after the diagnosis had been established. His plan is simlar to that advocated by Elsberg, namely, if the obstruction is easily and quickly found, all that is done is to open the distended loop and to express the intestinal contents and to perform an enterostomy. This can be done in the following manner and is the most important act in the operation. Two sharp hemostats grasp a spot on a loop of the distended intestine, the beaks being in juxtaposition. The intestine is then opened by a knife puncture between the two points; the loop of intestine, having been drawn out of the abdominal cavity is held close to a basin so that

the fluid can escape from the gut without any soiling of the abdominal cavity. As clamps are attached to the loop of gut, there is no possibility of the intestine escaping back into the abdominal cavity, and the opening, therefore, is under absolute control. This opening may be closed with a purse string suture or an enterostomy can be made. After the acute symptoms have subsided the abdomen can readily be opened a second time and the cause of the obstruction determined; this can then be remedied without undue haste.

Results in the Surgical Treatment of Cancer of the Uterus.—Dr. Ella B. Everitt contributes an interesting article on this subject to the Woman's Medical Journal for April, 1909. After making a cursory review of pathologic contributions influencing the surgical practice and giving statistics of leading operators as to the relative curability of corporal and cervical carcinoma and the merits, mortality and morbidity of the radical abdominal and paravaginal operations, the author says: "After gathering all that we can of hope and encouragement from the gains reported by individuals, a broad view of the whole field in undeniably unsatisfactory. By our best efforts, it has been estimated that the average percentage of permanent recoveries in cervical cancer at the hands of gynecologists in general is not over 18 per cent and even this may be too high a figure (Clark). The full force of this does not strike us until we remember that among all cases of cancer the proportion of operability does not average more than 20 per cent in America at least. We are appalled by the realization that notwithstanding certain advance in methods and technic surgery is saving only from 3 to 5 per cent of all cancer cases. * * * Any mention of the question of operability, however, leads us at once into confusion. Undoubtedly today many mistake the possibility of operation at any hazard, for highly probable operative cure. In consequence, be our technic never so perfected the results must remain disappointing and humiliating unless there shall be such power of conscientious discrimination between reasonably hopeful and practically hopeless cases as shall insure the intelligent application of the procedures best adapted to each patient's need." When this is done and when operators can be restrained from undertaking unwarranted procedures in extensive cases, whereby the mortality and morbidity of cancer operations are greatly increased and some of our most valuable measures are brought consequently into disrepute, the author thinks that much of the prevalent and deprecated idea that cancer of the uterus is an incurable disease will be eradicated from the public mind.

Renal Varix.—Under this head, in Annals of Surgery for May, 1909, Dr. Paul Monroe Pilcher submits "certain observations which seems to establish a definite pathological lesion for a hitherto indefinite condition, and to place upon a sound rational basis a method of treatment which hitherto has held only an empirical footing." He deals with the diagnosis and treatment, palliative and operative, makes an analysis of reported cases, gives the history of two cases of his own, and sets forth his conclusions as follows: (1) Renal varix is a distinct pathological entity and may be described as an angiomatous disease of the papillae renales, whose etiology and pathology resemble that of varicocele, varicose veins of the leg, varicosities at the cardiac end of the stomach, hemorrhoidal varices, etc. (2) Many of the so-called cases of essential hematuria are due to this condition of the kidney. (3) It has its own symptomatology; but it may be impossible to differentiate it, before operation, from hematuria due to nephritis and hematuria due to renal papilloma. (4) In the majority of cases, at operation, when the kidney has been bisected, no gross pathological lesions will be noted, but on microscopic examination of the papillae renales a typical angiomatous disease will be found. (5) Renal decapsulation and fixation of the kidney will cure the cases of unilateral hematuria due to nephritis. (6) Nephrotomy is the operation of choice, because it allows a thorough examination of the kidney, and also for the reason that it accomplishes exactly what the operation of multiple ligation does in the treatment of varicosities in other portions of the body, in that it cuts six of the main connecting venous radicles of the kidney and in this way destroys the varicosities. (7) The incision should be made along Broedel's line so as to avoid injury to the arteries. (8) Nephrectomy is indicated only when rapid and bloodless operation is demanded, or when nephrotomy fails to relieve the hematuria.

The authorities at McGill University are hopeful that the gift of $500,000 to the medical faculty of McGill by Lord Strathcona will not only defray all the expenses of completing the new medical building now in process of erection, but also provide sufficient funds for the starting of the much needed medical museum as well, which lack of money has prevented from being undertaken since the disastrous fire of the spring of 1907.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The twenty-first annual meeting of this association will be held in Council Bluffs, Iowa, on Thursday and Friday, September 9 and 10. The features of the evening session will be the President's address, by Dr. C. B. Hardin, Kansas City; the oration on Medicine by Dr. Alfred C. Croftan, and the Surgical oration by Dr. Jno. E. Summers. Dr. Croftan has chosen as his topic, "The Diseases of Metabolism as a Group," and Dr. Summers will discuss "Cancer as a Constitutional Disease; Its Rational Treatment." Much interest is already manifested in these papers, not alone because of the live topics expressed in their titles, but as well on account of the ability of the authors to present the latest views on these very important subjects. The papers of Drs. Summers and Croftan will be open for discussion. Programs will be issued August 25th, and the secretary will be glad to furnish copies on request. A cordial invitation is extended to the profession.

CHAS. WOOD FASSETT, Secretary,
St. Joseph, Mo.

AMERICAN PROCTOLOGIC SOCIETY.

Eleventh Annual Meeting, held in Atlantic City, June 7 and 8, 1909.

The president, Dr. Geo. B. Evans, of Dayton, O., in the chair.

The following is an abstract of the principal papers read:

President's Address, "Progress in Proctology." The president, Geo. B. Evans, A. M., M.D., Dayton, O: Who stated that not many years since, the creation of Proctology as a specialty was frowned upon; for an indefinite period what was known of and what was done for diseases of the rectum was largely empiric, and not due to special knowledge or scientific study.

A few of us, at least, can remember when it was the rule among general practitioners to make no special effort to determine the pathology of diseases of the rectum; in fact, it was believed unbecoming the dignity of a high-classed, high-toned medical gentlemen to so lightly esteem modesty as to ask for the privilege of seeking the naked truth. Without attempting to make a diagnosis, opium and lead wash, with catharsis, was deemed a sufficient treatment for any case. Little was taught in medical colleges of these diseases, for little was known and no special desire to learn much concerning them seemed to exist. But, fortunately in the natural evolution of this specialty, this ignorance and indifference in the main, has been eliminated, and this field of work has assumed that of an accredited, and justifiable specialty. No longer do we have to contend with the non-recognition of serious pathology, because of interposed modesty, ignorance and criminal indifference. A knowledge of the importance of being able to diagnose and treat intelligently diseases of the rectum is now considered essential for every general practitioner, and all this as a result of the creation of proctology by men who have made special effort to develop this field of work. The credit is due to such men as Adler, Allingham, Ball, Gripps, Edwards, Earle, Gant, Martin, Pennington, Kelsey, Matthews and others. To them are we indebted for progressive proctology.

As a matter of course, the pathology of this area is of necessity a modern pathology, and our knowledge of valves, varicosities, neoplasms, ulcerations and suppurations, are not based on hypothetical ideas of a quarter of a century since, but instead on the rather exact revelations of laboratory findings. The import of the presence of staphylococci, gonococci, colon bacilli and tubercle bacilli, is equally as much importance to the rectal surgeon, as is the microscopical proof of the malignancy or benignity of a bit of tissue. With what greater assurance the proctologist approaches examinations of rectal diseases than did the physician of some years since. With a wide open field, if necessary, the aid of anesthesia, the protoscope and the laboratory, there is usually not much difficulty in making a diagnosis—a diagnosis inseparably linked with its dependents—treatment and prognosis. Under the influence of progressive proctologic work, ignorance and indifference to the recognition and treatment of rectal diseases is rapidly disappearing from the average medical man, as well as from the average layman. As a result of which the sum total of human suffering is immeasurably lessened, and individual existence is not so frequently abridged. The victims of rectal diseases are to be congratulated that this branch of science, or pseudo-science, has sufficiently advanced, that it now occupies the serious attention of the most progressive and intelligent men. The Lister methods of that day have been so changed and improved that they now seem very crude. The value of

thorough cleanliness, asepsis, and the antiseptic influence of certain drugs, is of immeasurable value. It is now understood that the recto-anal area can be placed in a surgically clean condition, and that there need be no fear following operative interference. In not a few instances, it obtains that relief is dependent on rectal surgery, when the subjects are unfit for narcosis produced from a general anesthetic, in cases of cardiac, pulmonic or nephritic disease, making it hazardous to use general anesthesia. Sometimes it would seem that this danger of the uses of an anesthetic is too lightly thought of, and consequently, the mortality rate is increased. Local anesthesia, under cocaine infiltration, for the most part, is satisfactory, and is a great convenience to the operator and a life-saving narcosis in many instances.

The palliative treatment of hemorrhoids by proctologists is largely a matter of enforcement, viz.: where they are not permitted the opportunity to relieve by radical methods. The operative methods of removing hemorrhoids are so well understood, simple and effective, that it is foolish to attempt to relieve them by drugs or palliative measures.

The Allingham, or ligature method, when correctly and carefully performed, is generally applicable, but is not so free from pain and so quickly convalescenced from as the clamp and cautery method. Many regard the last mentioned method as the one to be preferred. I believe, however, that the enucleation method approaches nearest to the ideal in results, and that the retention of the plug is not so painful as some would have us believe.

Protoscopic examination is of importance, and is a distinct advance in rectal work. It is of great assistance in determining disease beyond discovery by ordinary methods. It is of distinct service in diagnosis, and of great value in aiding treatment in not a few conditions.

There is more hope for the ultimate cure of tubercular conditions; our better understanding of what environment means to these people will go far toward helping them to recovery, and there is not so much reason for a delayed recognition of the condition, which is of paramount importance.

I believe there is possibly a better understanding of syphilitic conditions, ulcerations, infiltrations and strictures, but the eternal dependence on anti-syphilitic treatment to resolve hyperplastic tissue is not so conspicuous, and progressive workers in this field realize that incision and excision are often necessary.

Concerning malignant and benign growths, the surgical rules that apply in other anatomical regions apply here. Early discovery and early removal is the only hope, as we all know, in malignant conditions, and as an advance, the removal of cancerous growths not within easy reach from below may be dealt with from above, or suprapubicly, and just here it may not be inopportune to remark that it is to be believed that ere long it will be realized by the average physician that the removal of the rectum per se, is not as disastrous a matter as it is sometimes made to appear, especially since it is known that muscular transplantation will preserve more or less perfectly the function of the sphincters. The development of the technic essential no produce sphincteric power, will relieve rectal extirpation of one of its most unpleasant features and render less hesitant many sufferers who should have the benefit of the operation.

Another matter of progressive interest is that colonic or rectal ptosis is amenable to intra-pelvic or intra-abdominal fixation, bringing relief that in some instances cannot be hoped for by any other method of interference.

After all, the most encouraging sign is that the profession recognizes the fact that proctologists have a legitimate right to exist as specialists, and that diseases in the ano-rectal region deserves the same consideration as elswehere. With the elimination of indifference, estheticism, modesty, the more universal belief in the necessity of early examination and diagnosis, we can but hope for greater progress and more relief to suffering humanity.

Gentlemen, when I consider the personnel of this association, I am quite confident of the perpetuity of proctology as a distinct entity and am equally sure the progression in this special field of work will be in keeping with that in other specialties.

Treatment of Pruritus Ani, with a Consideration of Its Pathology and Etiology, by William M. Beach, A. M., M. D., of Pittsburgh, Pa.—The following conclusions were drawn by the writer:

1. That pruritus ani occurs in mild and severe forms; mostly in middle life; the mild type with simple pruritus, the severe type with marked eczema and skin changes.

2. Certain aberrations in general metabolism, or in adjacent structures are simply incidental and should be considered as complications.

3. Intra-rectal growths, as hemorrhoids,

adenomas, etc., or the presence of parasites are contributory.

4. The distinct pathogensis of pruritus ani consists of single or multiple burrowings from the anal pockets, emitting a serous or sero-purulent substance, which sinus may be complete or blind and is always accompanied by proctitis, and frequently by cryptitis, and small ulcers at the ano-rectal line.

5. These sinuses when complete are the sequelae to an abscess history, but the origin of the blind recesses is in doubt, and yet it is not unlikely due to an infection by the colon bacillus.

6. The treatment is surgical for the purpose of obliterating the sinus, correcting a rigid sphincter when necessary, and curing the proctitis and ulceration.

7. Gastro-intestinal and general metabolic disturbances must be met by rational measures.

Pruritus Ani, Its Etiology and Treatment.—T. Chittenden Hill, M. D., of Boston, Mass., said that he was convinced that pruritus ani was practically always caused by some local lesions of the pelvic colon or rectum, which produced an unnatural moisture about the anal region.

He said the most common sources of irritation, in the order of their frequency, were as follows: (1) Superficial ulcerations and abrasions of the anal canal. This lesion he found in about 75 per cent of all cases and attributed the frequency of its occurrence to the method of fusion of the proctodeum with the blind end of the bowel. (2) Rectitis and sigmoiditis, which are the sequelae of habitual constipation, often bring about a pruritus, since the passage of flatus allows a small quantity of mucus to escape. (3) Hypertrophied anal papillae and inflammation of the crypts of Morgagni are more often the cause of pruritus ani than is generally admitted. (5) Small polyps of the anal canal, protruding internal piles, prolapse of the rectum and anal fissure, do occasionally produce itching about the anus, but it is exceptional to find them the sole cause of chronic pruritus ani.

He stated that in order to attain permanent results, it was essential that the treatment be directed to the removal of the exciting causes. At the same time the skin in the immediate vicinity of the anus should receive appropriate treatment since it is nearly always in a state of acute inflammation from scratching or so much infiltrated and thickened as to require stimulating applications—nitrate of silver and ointment, in order to bring about a return of a normal epidermis.

Ball's Operation in the Treatment of Cases of Pruritus Ani, with Report of a Case in which Necrosis of the Flap Occurred.—Louis J. Krouse, M.D., Cincinnati, O.—The case reported was that of a severe intractable case of pruritus ani in a man well advanced in years who underwent the above operation for pruritus with the result of having the anal flap necrose. He went into the pathology as to the cause of the necrosis and came to the conclusion that the trouble lay in the poor supply of blood to the anal flap. He claimed that there is no anastomosis between the blood-vessels from within the anus and those of the skin. The writer called attention to the fact that Sir Charles Ball's operation has recently been modified so as to prevent sloughing of the anal flap.

A new method of operating was proposed by the author which is somewhat different from that of Sir Charles Ball and of that of Dr. Thos. Chas. Martin, and consists: first, in doing away with the eliptical incision which cuts off the greater part of the circulation from the diseased area; and secondly, in making six to eight linear incisions through the skin into the subcutaneous connective tissue. These linear incisions, beginning at a point outside of the point of irritation, follow the course of the radii of a circle whose center is the anal canal. The skin lying between the adjacent radii are then undercut until the whole affected area is undermined. Should the dissection be difficult and more room be needed, every alternate flap could then be loosened at the anal margin and dissected outwards toward the periphery. After all the adhesions are loosened and the bleeding has been stopped, the parts are again replaced and sutured. The advantages of this operation over the original one of Ball,lie mainly in the better nourishment of the flap. The blood must come from the circumference and must radiate towards the anal canal.

A Consideration of the Prophylaxis and Treatment of Cicatricial Rectal Stricture.—Alois B. Graham, A. M., M. D., Indianapolis, Ind.—Opinions were based upon the results obtained in the treatment of fifty-five cases. He stated that prophylaxis implies a careful rectal examination; a careful rectal examination implies an early diagnosis; an early diagnosis implies correct treatment, and correct treatment implies the prevention of a stricture.

When cicatricial rectal stricture is diagnosed, surgical intervention is indicated.

In cases where there is no danger of infection, excision should be the choice of all the surgical measures at our command. If successful, its results are ideal because of the fact that it effects a cure by the complete removal of the stricture. In cases where it is not safe to practice the excision method (and there are many such cases), complete posterior proctotomy or colostomy, either alone or combined, should be performed. While neither of these surgical measures have effected an authentic cure, yet they undoubtedly can and have effected a symptomatic cure. Gradual dilatation should be employed only in cases of small annular stricture. The excision method needs no defense as its results are all that could be desired. As for the other surgical methods, the writer was not at all pessimistic as to the results which can be obtained, if they are followed by correct and systematic after-treatment.

The Use of Spinal Anesthesia in Rectal Surgery.—Collier F. Martin, M. D., Philadelphia, Pa.—Who reported 87 cases in which tropacocain and stovaine were employed. The technic was given in detail. The method is not recommended where the hips of the patient have to be elevated.

Of the 87 cases, 57 were either frankly tubercular or the condition was suspected, 16 were alcoholics, 4 had anemia with from 35 to 60 per cent of hemaglobin, 2 had sepsis, 2 cachexia, 2 were suffering from general debility and old age, 3 had cardiac complications and one refused to take ether.

The conditions operated upon were as follows: abscess and fistulae 54, hemorrhoids 21, rectal stricture 2, sacral sinus 1, fissure with fistula 2, gangrenous cellulitis 2, anal condylomata 2, rectal carcinoma (perineal excision) 2, and Ball's operation for pruritus ani 1.

The only complications observed were headache 18 times, coming on from one to three days after operation. Only three cases had severe headache lasting over one or two days. A few cases complained of some stiffness of the back of the neck and shoulders. One patient developed a temporary oculo-motor palsy which recovered under treatment. In two cases spinal fluid was not obtained because of the difficulty in inserting the needle with spinal deformity present.

Spinal anesthesia was selected in cases with pulmonary tuberculosis to avoid the congestion following the use of ether. Alcoholics were also found easier to manage than when ether was used.

Under spinal anesthesia, the sphincters are completely relaxed, there is no muscular spasm and three is an entire absence of the venous engorgement and swelling of the tissues so often seen while the patient is under ether. Bleeding is not as profuse and is more easily controlled, since all parts of the rectal cavity are as accessible as their anatomy will permit. The complete muscular relaxation reduces the traumatism to the tissues. Spinal anesthesia is at its best when used in operations about the rectum and genito-urinary tract. Careful selection of cases, drugs of uniform strength and purity, and a careful technic will do much to re-establish the confidence of the surgeon in this method of producing anesthesia.

Vaginal Anus in the Adult, with Report of Two Cases.—Louis J. Hirschman, M.D., Detroit, Mich. — Dr. Hirschman reported two cases of imperforate anus with the anomalous opening occurring in the lower part of the vagina, both occurring in adults. He sucessfully operated in both cases, restoring the anal outlet to its normal position with a good functional result in both cases. His first case was aged 25 unmarried, and until a few months before examination did not know that she was anatomically different from other young women. She was brought up by a maiden aunt who, while realizing that her charge was not normal, felt that as long as she was having regular bowel movements, she would put off any operative interference until later in life.

The operation in this case consisted in closing the vaginal anal orifice after dissecting the rectum free from the vaginal septum. There being present an infantile sphincter muscle at the normal anal site, an incision was made through the center of this, and by blunt dissection the tissues between it and the blind end of the rectum were separated. The rectum was then pulled down, opened and sutured to the integument. The perineum was not split open nor was the sphincter divided. A good functional result followed.

His second case was also unmarried, 23 years of age. The case was very similar to case I, except that there was an over-development of the sphincter vaginae which gave her good fecal control. There was present in this case a small fistula connecting the anus and vulva, but not communicating with the rectum. In this case the perineum was split and the fistula dissected out. The vaginal anus was dissected free and brought down to the normal anal site in a manner similar to that pursued in case

I. The perineum was then repaired as in an ordinary perineorrhaphy. The functional result in this case was also good. The author concludes from his experience with these two cases, and realizing the very high mortality from operations for imperforate anus, in infants, that where there is some abnormal outlet for the feces present, it is far better to allow patients to go on in their abnormal condition until they grow old and strong enough for surgical interference and the correction of nature's failure.

Tubercular Fistula with Extensive Infiltration with Specimen Exhibited.—Samuel T. Earle, M. D., Baltimore, Md.—Who reported a case of tubercular ischio-rectal fistula, which on the skin surface, resembled an acute inflammatory condition ready to break down, yet when opened, it proved to be a dense mass of fibrous tissue with only a few tracts of necrotic tissue running through it.

The patient was a policeman, age 45; robust and of ruddy cclor, weighing 180 pounds; no cough, no history of pulmonary trouble. Patient admitted to hospital December 29, 1906.

The left buttock was very much swollen and inflamed; there were several fistulous openings on its surface, which could not be followed far beneath the skin, and there was one of them that opened just to the right of the anterior commissure, into the anal canal. Upon laying open the buttock between two of the openings, there was exposed a mass of white fibrous tissue that seemed to be encapsulated, except at points which apparently were necrotic, which was adherent to the subcutaneous tissue. Supposing it to be a tumor, which had broken down in places, an incision was made, on either side near each lateral border, for the purpose of removing it, which was done. The mass measured 6x3x2 inches.

It ran down to and some went between the muscles of the buttock, and in one or two instances involved the same. The tract from the inner margin of the mass, to the opening in the anal canal, was then laid open and packed with gauze. The cavity left was so large that sutures were introduced to draw the edges partially together, and to hold in the packing. These were supplemented by adhesive strips.

After the mass was removed, it was found to be composed principally of fat, with here and there a sinus which was surrounded by dense fibrous tissue from one-quarter to one-half inch thick, and there were found several large larva, supposedly of flies, deep down in the sinuses of the growth. The tapering, tail-like process, that extended over the trochanter major, was composed principally of muscle.

Upon microscopical examination the growth proved to be tubercular. The patient made a slow but complete recovery. The large cavity filled in completely. The patient is now perfectly well and robust.

The "Annals of Surgery" has published its July issue as a special American Surgical Association number. This makes a volume of nearly 350 pages, almost two and a half times the size of the regular issue, containing 26 articles presented at the meeting of the American Surgical Association, held at Phialdelphia June 1 to 3 of this year. This number in itself makes a volume of tremenduosly valuable surgical matter, which could not be purchased, were it published independently, for the price of a year's subscription to the Annals.

Venereal Crusaders.—There is another heroic figure looming ludicrously upon the medical horizon—ah, name him reverently, for he has a high and glorious mission to fulfill. This is the gentleman who descants before church clubs and, Y.M.C.A. upon the "Venereal Peril." It is not generally known that the members of these institutions are in sore need of venereal enlightenment. It is a fact, though; and the venereal peril apostle deserves all the credit for a momentous and significant discovery. You see that just as the medical profession has neglected the psychic factor in disease, the clergy,seemingly, have slighted the upbuilding of morality and character. So does each profession supply the other's shortcomings. Who shall foretell to what lengths our enthusiasts and advertisers may yet go? Perhaps we are only at the threshold of the new physic. Perhaps once again medicine will furnish a modernized edition of Paracelsus who shall be the arch-quack of all the ages, and who shall set at naught the work of the fathers and founders and demoralize utterly a fatuous profession. The medical house is out of order, truly, and we, being "in the picture" ourselves, find it not easy to get the perspective as posterity will get it. Some there are who are immensely satisfied and prate everlastingly about the wonderful advances of medical science and art, though they cannot cure a cold in the head. Certainly smug satisfaction is not justified, whatever may be thought of our attitude.—Critic and Guide.

MEDICAL MISCELLANY

Carroll Fund.—The city of New Orleans has raised $1,800 for the Carroll Fund to pay for the house of Dr. Carroll's widow. The work of collecting was in the hands of a committee of the Orleans Parish Medical Society.

Pellagra in Nashville.—There are fourteen cases of pellagra among the children of the Baptist Orphanage of Nashville, Tenn. The State Board of Health has appealed to the Federal Government for an expert to aid in stamping out the epidemic.

An interesting experiment has been made by the Ramsey County (St. Paul) Medical Society, by changing its monthly long-drawn-out meetings to a weekly noon hour meeting. A surprisingly large attendance has been the rule since the innovaton has been made.

The College of Physicians and Surgeons of Boston held its 30th annual commencement June 2, 1909, at which 13 graduates received the degree of M.D. Dr. Charles H. Hughes, of the medical department of Barnes University, St. Louis, addressed the graduating class on "Our Battle for Humanity and How to Fight It."

Amendment to Interstate Quarantine Regulations.—An amendment has been made to the interstate quarantine regulations by the addition of the following paragraph: "Lepers may be accepted for transportation under proper supervision when enroute to a seaport for deportation; also for transportation to a designated place for care and treatment, with the necessary consent of the proper health authorities, provided proper sanitary precautions are enforced with regard to the leper enroute to destination."

Napoleon and the Itch. — Napoleon, by many standards, one of the world's greatest men, suffered from two very vulgar affections, namely scabies (the itch) and hemorrhoids. It is stated on competent authority that both these affections were in a very aggravated condition on the eve of and on the day of Waterloo, preventing the illustrious patient from clear and rapid thinking and thus probably contributing to a defeat which had a most momentous effect on the history of the world. The mind is powerful and can, in many instances, control the body; but the reverse is also true; a physical ailment, particularly a painful one, can disturb the mind and cloud the judgment. —Critic and Guide

Action of Alcohol on the Human Economy. —Alcohol unquestionably has a toxic and deteriorating effect upon all the body tissues. Its action may be to produce, first, acute functional disturbance, as, for example, in acute alcoholism. Secondly, as a poison acting directly on the tissues, affecting especially the parenchyma, epithelial, and nerve elements, causing slow degeneration. Thirdly, on the vascular system producing thickening, and finally sclerosis. Fatty degeneration in all of the viscera is common.—Dr. S. P. Goodhardt.

Terres Appointed Director of Mexican Medical Institute.—The President of Mexico has recently appointed Prof. Jose Terres director of the Instituto Medico Nacional, one of the leading medical institutions in Mexico. Terres has been professor of pathology and clinical medicine since 1897 until he resigned last year. He founded the Sociedad de Medicina Interna and was instrumental in the organization of the Sociedad Sanitaria y Moral de Profylaxis. One department of the medical institute has long been engaged in compiling a list of indigenous herbs and studying their therapeutic possibilities.

Another Floating Hospital for Consumptives in New York.— The old ferryboat Susquehanna was placed in commission on July 16th as a floating sanatorium for tuberculosis patients. The boat has been fitted up properly and is anchored in the Erie Basin. It was presented to the Brooklyn Bureau of Charities by Miss Mary Harriman, daughter of Mr. E. H. Harriman, who contributed part of the funds for remodelling it, the remainder being provided by the Brooklyn Bureau of Charities. The Mississippi River at St. Louis offers a splendid opportunity for a similar charity here.

Famous Typhoid Carrier. — The typhoid carrier who attracted so much attention in 1907 as the supposed cause of twenty cases of typhoid fever in seven families in which she worked as cook, and has since been confined in the Riverside Hospital, North Brothers Island, New York, recently appealed to the courts for release. In Justice Erlanger's decision refusing the petition, he said: "While the court deeply sympathizes with this unfortunate woman, it must protect the community against a recurrence of spreading the disease. Every opportunity should, however, be afforded her to establish, if she can, that she has been fully cured, and she may after further examination renew the application.

Dr. Kenneth W. Millican, formerly editor of the St. Louis Medical Review and for the last two years associate editor of the The Journal of the American Medical Association, has severed his relations with the latter journal and removed to Fairlee, Vermont.

Physicians are appealing to the Minneapolis chief of police to exempt them from the workings of the ordinance prohibiting vehicles from standing more than twenty minutes in down-town streets, but the chief declares that physicians are among the worst offenders, and says that he will leave it to the judgment of his officers not to arrest doctors who leave their machines standing while working on emergency cases.

Doctor Fell.—I do not love you, Doctor Fell; the reason why, I'll briefly tell: The doctor of the olden days had kindly words and pleasant ways; and though his pills were on the bum, and sent some off to Kingdom Come, and though he liked to swell the hosts of skeletons and sheeted ghosts, it never was his foolish plan to use a saw on every man. Unlike the modern maniacs, who carve their patients with an axe, he dealt out calomel or nux, and soaked us for a pair of bucks, and if he killed us—good old soul! he left us to be planted whole. When I am sickly and unstrung, you ask me to unfurl my tongue; you feel my pulse and prod my back, and say my liver's out of whack, and then you shed your vest and coat, and push a lantern down my throat, and say: "Great Ceasar! What a heart! I'll have to take you all apart." And on your table I am laid, while you go out to hunt a spade, to dig around among my works and find the blamed old germ that lurks around the angles of my frame—the way you carve me is a shame. When winter comes, with frost and snow, I have a chilblain on my toe; and when for liniment I beg, you want to amputate my leg; and when my throat gets sore and raw, you want to cure it with a saw; to cure my baldness, you, I ween, would run me through a guillotine. A leg of mine is now at rest among the doctors of the West; an Eastern doctor has in brine about eight inches of my spine; the jaw that once adorned my mouth, is kept in pickle in the South. I do not love you, Doctor Fell; you carve too fluently and well; I fear you and your edged tools; I'll send to correspondence schools for absent treatment when I'm ill—or hit the good old-fashioned pill. —Walt Mason in the Emporia Gazette.

FAVORITE PRESCRIPTIONS

Compound Methyl Salicylate Ointment (Analgesic Balm).—

℞ Methyl salicylate..... ℥ij
Menthol..... ℥vj
Eucalyptol..... ℥vj
Adeps lanae, hydrous..... ℥iv
Paraffine..... ℥ij
Petrolatum..... ℥xvj

Melt the paraffine and add the petrolatum; when cold mix thoroughly with other constituents.—Phys. Drug News.

Acute Cystitis.—G. Frank Lydston recommends the following:

℞ Potassii acetatis.....
Ext. buchu fl.....
Spir. aetheris nitrosi.....aa ℥j
Codeinae sulphatis..... gr. iv
Infusi tritici repentis..q.s.ad ℥xvj

The doses one-half ounce every three hours. It is claimed to be a powerful diuretic and anodyne.—Am.Jour.Clin. Med.

Dandruff.—

℞ Resorcini Merck.....
Tinct. cantharidis fl.....aa ℥j
Spir. myrciae fl..... ℥ij
Aq.....q. s. ad fl ℥vj

M. Sig.: A small amount to be rubbed into scalp at night.—Merck's Archives.

For Chronic Atonic Constipation.

℞ Fel bovis purif..... gr.j
Ext. colocynthidis,.....gr. ¼
Ext. hyoscyami,.....gr. ¼
Ext. nucis vomicæ,.....gr. ¼
Misce et fiat pil I.
Sig.: One pill at bedtime. —Gant.

For Acute Constipation.

℞ Pulv. rhei comp.,.....
Sodii sulphatis,.....aa ℥j
Sodii bicarbonatis,.....℥ij
Misce et fiat pulv.....

Sig.: One to one and one-half teaspoonful at bedtime. —Gant.

Tuberculosis: General Treatment. — 1. Careful elimination. 2. Forced feeding eggs, milk, beef, etc. 3. Pure air, twenty-four hours per day. 4. Sunshine, all one can get. 5. Limit the exercise to conserve energy. 6. Do not upset digestion with creosote or its compounds. 7. Keep mind occupied.—F. A. Pitkin in Am. Jour. of Clin. Med.

God lent his creatures Light and Air,
And water open to the skies.
Man locks him in a stifling lair
And wonders why his brother dies.
—Emerson.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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CLINICAL THERAPEUTICS

A forum of original experience with new remedies, to which scientific contributions are invited.

The Modern Treatment of Hay Fever.—Whatever be the accepted views as to the pathology and etiology of hay fever, there is little difference of opinion concerning its importance and the severity of its symptoms. An agent that is capable of controlling the catarrhal inflammation, allaying the violent paroxysms of sneezing and the abundant lacrimation, cutting short the asthmatic attack when it becomes a part of the clinical ensemble, and, finally, sustaining the heart and thus preventing the great depression that usually accompanies or follows the attack—in short, an agent that is capable of meeting the principal indications—must prove invaluable in the treatment of this by no means tractable disease. In the opinion of many physicians, the most serviceable agent is adrenalin. While not a specific in the strict meaning of the word, adrenalin meets the condition very effectually and secures for the patient a positive degree of comfort. It controls catarrhal inflammations as perhaps no other astringent can. It allays violent parxoysms of sneezing and profuse lacrymation by blanching the turbinal tissues and soothing the irritation of the nasal mucosa which gives rise to those symptoms. It reduces the severity of the asthmatic seizure, in many instances affording complete and lasting relief. There are four forms in which adrenalin is very successfully used in the treatement of hay fever: Solution adrenalin chloride, adrenalin inhalant, ardenalin ointment and adrenalin and chloretone ointment. The solution, first mentioned, should be diluted with four to ten times its volume of physiological salt solution and sprayed into the nares and pharynx. The inhalant is used in the same manner, except that it requires no dilution. The ointments are supplied in collapsible tubes with elongated nozzles, which render administration very simple and easy. It is perhaps pertinent to mention in this connection that Messrs. Parke, Davis & Co. have issued a very useful booklet on the subject of hay fever, containing practical chapters on the disease, indications for treatment, preventive measures, etc. Physicians will do well to write for this pamphlet, addressing the company at its home offices in Detroit or any of its numerous branches.

Subscription Renewals.—There has been a very generous response to our call for subscription renewals, indicating a tendency on the part of our readers to appreciate the efforts of the editor to make the Fortnightly a readable magazine. But—we regret to say—there are quite a number who have failed as yet to respond, and this may be taken as a gentle reminder that the postoffice department now requires that every one who receives a magazine must be a subscriber—that is he must express a desire to receive the magazine, and indicate a willingness to pay for same, either in advance, or at the end of the year. The P.O. department is "no respector of persons," and we must abide its decision. After a reasonable length of time all subscribers names must be dropped from our list who do not sign a request for the journal to be continued to their address. Blanks were mailed to each subscriber recently, and another may be found in this issue that will serve the purpose.

A Delightful Revelation

The value of senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of Californian figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of Californian Figs..... 75 parts
Aromatic Elixir of Senna (manufactured by our original method, known to the California Fig Syrup Co. only).... 25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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London, Eng.

MEDICAL MEMORANDA.

Potassium Iodide vs. Burnham's Soluble Iodine.—Considering the chemistry of iodide of potassium as applied to internal medication, it is acknowledged that aside from being an irritant and depressant therapeutically, potassium and other alkaline salts have properties that neutralize or destroy the full physiological action of iodine. In 12 grains of iodide of potash there is about ⅛ of a grain of iodine capable of being assimilated. The balance (11⅞ grs.) representing an irritating and depressing combination of iodine and potassium. The unnecessary tax on the digestive and eliminative organs is obvious. Nature throws out her protest in acne, coryza and digestive disturbances. Is it rational medication to give a drug of this kind when something better is at hand? Burnham's soluble iodine does not irritate or depress. Dose, 5 to 30 minims diluted, on empty stomach.

Pruritus Remedies that Work.—Pruritus of the skin, anus or vulva, especially when attended by scaling of the skin of the hands or feet, may be invariably set down as due to autotoxemia from fecal absorption. This condition is admirably met by the following combination: Juglandin gr. 1-6, to stimulate secretion, relieve costiveness, and favor the loosening of fecal matter adherent to the coats of the bowels; physostigmine gr. 1-250, to stimulate peristalsis and the ejection of fecal matter; berberine gr. 1-6, to induce contraction of the relaxed and diluted bowel. This dose should be given from three to seven times a day (with the morning salithia flush) and continued as long as the necessity exists. Much better results will be obtained from such application of exact remedies to meet the conditions they exactly remedy to the specific action of each, and the administration of such remedies in large doses which soon exhaust the irritability of the intestines and require constantly increasing doses with constantly decreasing effects. In persistent anal pruritus, usually dependent upon internal "piles" the hybisco ointment (Abbott) will be found an excellent thing. All these remedies may be obtained of The Abbott Alkaloidal Company, Chicago.

A Convenient Chloroform Package.—Much interest is being manifested in the chloroform dropper-ampoule marketed by Parke, Davis & Co., and which, in the opinion of a good many physicians and surgeons, is the most convenient and practical chloroform package that has ever been introduced to the profession. The new device is at once a hermetically sealed container and a perfect dropping-bottle that can be carried about in the emergency bag at all times in readiness for immediate use. It supplies in portable form enough of the anesthetic for one service—about thirty grams. The desirability of such an individual package and its superiority over the ordinary amber, cork-stoppered bottle heretofore supplied is appreciated when one remembers that chloroform in broken packages rapidly deteriorates under the influence of air and light and becomes contaminated with chlorine decomposition products. The dropper-ampoule is, furthermore, a very economical package, as loss by evaporation, spilling of contents, and deterioration are practically eliminated. The chloroform may be dropped directly upon the mask with ease and accuracy. The anesthetist has perfect control of the outflow and is enabled to regulate at his discretion the intervals between drops. Physicians desiring further information relative to the dropper-ampoule are advised to write to Parke, Davis & Co., for their illustrated circular descriptive of the new package, addressing them either at their main laboratories, Detroit, Mich., or any of their branches.

Reliability—What it Means to Cereal Food Users.—A certain amount of laxity in the purchase of food stuffs generally is perhaps permissible; but, when it comes to a question of sanitary foods and specialties for sufferers from certain ailments, the greatest care should be exercised in their selection. The importance of diet in both health and disease is becoming more and more recognized by both laymen and physicians. As manufacturers of unquestioned reliability and sterling integrity in all their dealings, this paper is glad to recommend Farwell & Rhines, of Watertown, N. Y. For the past thirty years of their existence they have been manufacturing cereal food for sufferers from acid dyspepsia, indigestion, intestinal and kidney and liver troubles. Their most widely known and most valuable products are "Cresco Flour" and "Special Dietetic Food." These are used in making bread, biscuit, gems, griddle cakes, etc. Of equal fame and usefulness are their "Cresco Grits" and "Barley Crystals"—delicious, wholesome breakfast and dessert cereals. While the various Farwell & Rhines products, for the last three decades, have been used by physicians and the public both here and abroad, there are, of course, many who are unacquainted with them. The booklets and literature of this firm tell just what these foods are and how to use them; still, it is the practical test that "proves the pudding." For this reason the manufacturers announce that they will send liberal samples to persons who feel the need of such goods. A request by mail will be promptly attended to.